Fill in this informati	ion to identify your case:	
Debtor 1	Keith Luvere Westfall, SR	
Debtor 2 (Spouse, if filing)		
United States Bank	kruptcy Court for the: DISTRICT OF MARYLAND	
	23-17758	Check if this is:
(If known)		☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:
Official For	rm 106l	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

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nths
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Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,784.21 \$ 4,506.67

3. Estimate and list monthly overtime pay.

3. +\$ 1,274.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 5,058.21 \$ 4,506.67

Official Form 106I Schedule I: Your Income page 1

		For	Debtor 1		ebtor 2 or iling spouse
Copy line 4 here	4.	\$	5,058.21	\$	4,506.67
. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	1,232.60	\$	064.92
5b. Mandatory contributions for retirement plans	5b.	\$ 	0.00	\$	964.82 0.00
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
5d. Required repayments of retirement fund loans	5d.	\$ _	0.00	\$	0.00
5e. Insurance	5e.	\$	0.00	\$	0.00
5f. Domestic support obligations	5f.	\$	0.00	\$	0.00
5g. Union dues	5g.	\$_	0.00	\$	0.00
5h. Other deductions. Specify:	5h.+	· · · —	0.00	+ \$	0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	* \$		\$	
• •		· —	1,232.60		964.82
Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,825.61	\$	3,541.85
8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00
8b. Interest and dividends	8b.	\$	0.00	\$	0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00
8e. Social Security	8e.	\$	0.00	\$	0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income	8f. 8g.	\$ \$	0.00	\$	0.00
8h. Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00
Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00
O. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	3	\$,825.61 +	3,54	11.85 = \$ 7,367.46
 State all other regular contributions to the expenses that you list in Schedule Include contributions from an unmarried partner, members of your household, your other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not a Specify: 	depen		•		hedule J. 11. +\$ 0.00
 Add the amount in the last column of line 10 to the amount in line 11. The resident write that amount on the Summary of Schedules and Statistical Summary of Certain applies 					12. \$ 7,367.46
3. Do you expect an increase or decrease within the year after you file this form	?				Combined monthly income
No.	-				
Yes. Explain: Debtor expects to lose overtime pay.					

Official Form 106l Schedule I: Your Income page 2

Debtor 1 Keith Luvere Westfall, SR Case number (if known) 23-17758

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	caregiver	
Name of Employer	Medical Consulting and Management	
How long employed	4 Years, 0 Months	
Address of Employer	13600 Aqua Lane	
	Rockville, MD 20850	
Debtor		
Occupation	caregiver	
Name of Employer	Medical Consulting and Management	
How long employed	4 Years, 0 Months	
Address of Employer	13600 Aqua Lane	
	Rockville, MD 20850	

Official Form 106l Schedule I: Your Income page 3

Fill	in this informa	tion to identify yo	our case:			ı					
Deb	tor 1	Keith Luvere	e Westfal	I, SR		Che	eck if this is:				
	Debtor 2					An amended filing					
	ouse, if filing)						A supplement shown 13 expenses as of	wing postpetition chapter the following date:			
``											
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF MARYLAND			MM / DD / YYYY				
	e number 23 nown)	3-17758									
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your	Exper	ises				12/15			
Be info	as complete a	and accurate as	possible eded, atta	If two married people a							
Par 1.	t 1: Descr	ibe Your House	ehold								
•	■ No. Go to										
			in a separ	ate household?							
	□ N	0	·								
	□ Ye	es. Debtor 2 mu	st file Offici	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of De	btor 2.				
2.	Do you have	e dependents?	□ No								
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's related Debtor 1 or Debtor		Dependent's age	Does dependent live with you?			
	Do not state	the						□ No			
	dependents	names.			stepson		23	■ Yes			
								□ No			
								☐ Yes			
								□ No □ Yes			
								□ res			
								☐ Yes			
3.	expenses of	enses include f people other t d your depende	han 📕	No Yes							
Par	t 2: Fstim	ate Your Ongoi	na Month	v Fynenses							
Est exp	imate your ex	penses as of y	our bankr	uptcy filing date unless				apter 13 case to report of the form and fill in the			
				government assistance cluded it on Schedule I:							
	ficial Form 10		u				Your exp	enses			
4.		or home owners and any rent for th		ses for your residence. r lot.	Include first mortgag	e 4.	\$	1,500.00			
	If not includ	led in line 4:									
	4a. Real e	estate taxes				4a.	\$	0.00			
		rty, homeowner's	s, or renter	's insurance		4b.	·	11.83			
	•	•	-	ıpkeep expenses		4c.	\$	0.00			
_		owner's associa				4d.	·	0.00			
5.	Additional n	nortgage paym	ents for yo	our residence, such as h	ome equity loans	5.	\$	0.00			

Debtor 1 Keith Luvere Westfall, SR		Case num	ber (if known)	23-17758
6. Utilities:				
6a. Electricity, heat, natural gas		6a.	\$	0.00
6b. Water, sewer, garbage collection		6b.	\$	0.00
6c. Telephone, cell phone, Internet, sat	ellite, and cable services	6c.	\$	269.38
6d. Other Specify:		6d.	\$	0.00
Food and housekeeping supplies				1,300.00
Childcare and children's education cos	ts.	8.		0.00
Clothing, laundry, and dry cleaning		9.	\$	200.00
Personal care products and services		10.	·	200.00
Medical and dental expenses		11.		250.00
Transportation. Include gas, maintenance	o bue or train fore	11.	Ψ	250.00
Do not include car payments.	e, bus of train rare.	12.	\$	630.00
Entertainment, clubs, recreation, news	naners magazines and books	13.	· <u> </u>	200.00
Charitable contributions and religious	· · ·	14.		0.00
Insurance.	donations	17.	Ψ	0.00
Do not include insurance deducted from y	our pay or included in lines 4 or 20			
15a. Life insurance	our pay or included in lines 4 or 20.	15a.	\$	150.00
15b. Health insurance		15b.		849.96
15c. Vehicle insurance		15b.	· -	_
15d. Other insurance. Specify: many p	oto	15d.	•	260.00
	ets	13u.	· <u> </u>	71.97
dental insurance			\$	49.70
Taxes. Do not include taxes deducted from	m your pay or included in lines 4 or 20.	40	•	
Specify:		16.	\$	0.00
Installment or lease payments:		47.	•	
17a. Car payments for Vehicle 1		17a.		750.00
17b. Car payments for Vehicle 2		17b.	·	0.00
17c. Other. Specify:		17c.		0.00
17d. Other. Specify:		17d.	\$	0.00
Your payments of alimony, maintenance		40	c	0.00
	edule I, Your Income (Official Form 106I).	18.	·	0.00
Other payments you make to support of			\$	650.00
Specify: spouses son overseas livi	ng expenses (\$400)	19.		
spouses son college tuition		19.		
Other real property expenses not inclu-	ded in lines 4 or 5 of this form or on <i>Sch</i> e			
20a. Mortgages on other property		20a.	\$	0.00
20b. Real estate taxes		20b.		0.00
20c. Property, homeowner's, or renter's	insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep ex	rpenses	20d.	\$	0.00
20e. Homeowner's association or condo	minium dues	20e.	\$	0.00
Other: Specify: rainbow air purifier	•	21.	+\$	100.00
Cigarettes			+\$	336.00
Dog Food (Prescription)			+\$	130.00
Dog Food (Frescription)			- Ψ	130.00
Calculate your monthly expenses				
22a. Add lines 4 through 21.			\$	7,908.84
22b. Copy line 22 (monthly expenses for I	Debtor 2), if any, from Official Form 106J-2		\$,
22c. Add line 22a and 22b. The result is y			\$	7,908.84
ZZC. Add line ZZa and ZZb. The result is y	out monthly expenses.		Ψ	7,906.64
Calculate your monthly net income.				
23a. Copy line 12 (your combined month	lly income) from Schedule I.	23a.	\$	7,367.46
23b. Copy your monthly expenses from I		23b.	-\$	7,908.84
• •				,
23c. Subtract your monthly expenses fro	m your monthly income.			
The result is your monthly net incor		23c.	\$	-541.38
•				
Do you expect an increase or decrease				
	your car loan within the year or do you expect you	r mortgage	payment to incre	ase or decrease because of a
modification to the terms of your mortgage?				
■ No.				
☐ Yes. Explain here:				

Elli in Abia in 6					
Fill in this inf	ormation to identify your	case:			
Debtor 1	Keith Luvere Wes	stfall, SR Middle Name	Last Name		
Debtor 2	Filst Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF MARYLAND)		
Case number	23-17758				
(if known)				-	k if this is an ided filing
You must file obtaining mon years, or both	this form whenever you f	n connection with a bankru	r amended schedules. I	ect information. Making a false statement, concealii fines up to \$250,000, or imprisonm	
		eone who is NOT an attorne	y to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes	. Name of person			Attach Bankruptcy Petition F Declaration, and Signature (
	nalty of perjury, I declare are true and correct.	that I have read the summa	ary and schedules filed	with this declaration and	
X /s/ K	eith Luvere Westfall, S	SR	X		
Keit	h Luvere Westfall, SR ature of Debtor 1		Signature of D	Debtor 2	
Date	December 14, 2023		Date		